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EPI-SODE

EPIDEMOIOLOGIC SURVEILLANCE OF DISEASE

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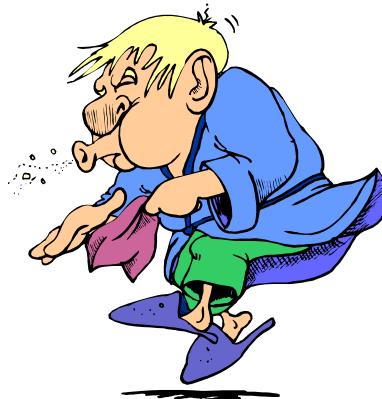
24-hrs for
Public Health Emergencies
1-888-727-6230

Flu season, here we go again!

The flu has arrived in Washington State, and we now have four confirmed type A influenza cultures and one type B culture. All the cases were reported in King County and no influenza-like outbreaks in schools or long-term care facilities have been reported. Pneumonia-influenza deaths and visits to sentinel physicians have been within or below expected levels for this time of year.

Supply of flu vaccine has been slow in coming to many providers this year, although when all is said and done, we expect to have many more doses than last year. While we always hope to vaccinate high risk individuals first, given the time of year we recommend giving vaccine to all in order to avoid any vaccine surplus (which we even ended up having last year!).

Please don't forget that vaccination with the live, nasal-spray flu vaccine (FluMist) is an excellent option for healthy persons aged 5–49 years who are not pregnant. This vaccine is not subject to prioritization and can be given to healthy persons aged 5–49 at any time. Health care workers younger than 50, in good health and not providing care to severely immune compromised patients **should strongly consider** using FluMist. The safety profile of this vaccine method has been remarkable thus far. Those who receive FluMist are believed to shed the attenuated virus for 21 days; however, this is of



concern only for those needing to prevent exposure to severely immunocompromised patients (e.g. bone marrow transplant recipients).

Avian Influenza update

There have been no human cases of highly pathogenic avian influenza H5N1 (HPAI H5N1) reported in North America or Europe. However, Indonesia, Thailand, Viet Nam, Cambodia and Laos reported a total of almost 90 human cases between mid-December 2004 and the end of November 2005. The case fatality rate was approximately 40%. Wild and domestic bird cases of avian influenza have been found in Romania, Turkey and Russia causing widespread concern about potential transmission to humans in these nations as well.

Given the absence of sustained human-to-human spread of the avian flu virus world-



wide, we are currently at Phase 3 of the World Health Organization's six -phase pandemic influenza alert system. If there is sustained human-to-human transmission anywhere in the world, the United States will initiate a pandemic response.

A pandemic response plan issued recently by the Department of Health and Human Services provides guidance to local health departments in preparing local response plans. Using these guidelines, the Health Department is in the process of drafting a response plan that outlines local public health responsibilities in the event pandemic influenza cases occur in our community. Issues addressed in our plan include provider, first responder and community mass prophylaxis, triage and care for human cases and the 'worried well,' and clear procedures for making key policy decisions that will help minimize the spread of infection. The Health Department will be working with community partners to clarify all roles in a pandemic situation and to identify additional planning needs.

The federal government has begun stockpiling doses of an experimental vaccine to immunize people against the viral strain that is circulating in birds. It is unclear if the vaccine will be effective in protecting humans from avian flu, and more information about its effectiveness should be forthcoming.

Surveillance alert to providers

Washington State Department of Health is asking providers caring for patients with suspected influenza H5N1 to notify their local health jurisdiction immediately. Testing for influenza is available at the Washington State Department of Health Public Health Laboratories (PHL) for patients who have:

- Traveled to areas reporting avian or human H5N1 within 10 days of onset, ***AND***
- Have severe respiratory disease, including pneumonia or acute respiratory distress syndrome (ARDS), for which no alternative cause is established, ***OR***
- Milder illness with fever ($>100.4^{\circ}\text{F}$ [38°C]) and respiratory symptoms (cough, sore throat or shortness of breath) following contact with live birds or persons with suspected or confirmed influenza A H5N1 during travel.

To maximize the detection of influenza, specimens should be collected within three days of symptom onset. Collect serum for antibody testing and at least one of the following:

- a. Oropharyngeal swab, nasopharyngeal swab or aspirate
- b. Bronchoalveolar lavage, tracheal aspirate or pleural fluid as appropriate

Clark County Health Department can supply you with influenza specimen collection kits (nasopharyngeal swab specimens) if necessary.

Please do not submit specimens to a commercial laboratory, which may cause a delay in confirming the diagnosis. Also, please note that in order to get specimens tested by Washington State Public Health Lab you must contact Clark County Health Department first.

For assistance please call (360) 397-8182 or (360) 397-8215 ext. 7257.

Tobacco Issues

Initiative 901

Washington is the 10th state in the country to implement a comprehensive statewide smoking ban in all indoor public places and places of employment! The amended state Clean Indoor Air Act went into effect December 8 after voters approved Initiative 901. In addition to all public indoor areas, smoking is now prohibited within 25 feet of doors, windows that open, and air intakes. The Clark County Health Department has set up an information message line at (360) 397.2550. Calls are retrieved and returned each business day.

Improving your health outcomes with BTIS

More than 440,000 Americans die each year from tobacco use. Given that cigarette smoking is the principal cause of premature death in the United States it is difficult to justify NOT investing more resources into helping people stop using tobacco. We'd like to share with you a proven and cost-effective practice that may improve your outcomes with smokers in your practice settings.

Basic Tobacco Intervention Skills (BTIS) is a tool that providers can easily implement in their practice. There are five components of BTIS: Ask each patient about tobacco use. Advise the patient to stop using tobacco. Assess the patient's readiness to quit. Assist the patient by offering educational materials or directing them to cessation services. Arrange for follow-up. Brief Interventions require 30 seconds to 3 minutes and can increase the rate of tobacco cessation when systematically applied with patients.

James Lanz, BSN, Public Health Nurse at the Clark County Health Department and Jamie Zentner, MPH, Health Educator at Sea Mar Community Health Center can provide a FREE one hour training to your practice. For more information please call (360) 397-8416.



**N E W Phone number for
Clark County Health Department
397-8000**

January 9 & 10, 2006 the Health Department will be moving to the Center for Community Health Building at 1601 E Fourth Plain Blvd, Vancouver, WA 98661



Community Survey

Clark County Health Department seeks community input As the Clark County Health Department focuses and prioritizes its work over the next three to five years, we are seeking community input into the importance of various services we provide.

We'd like your feedback. Please take a few moments to complete our online survey by visiting www.clark.wa.gov/health and clicking on "community survey." The survey will be online December 1 through December 16.

Your input will help us develop our public health priorities, especially concerning non-mandated services—services we are not required to provide, and that don't have their own special funding. Some of these include:

- Encouraging adults and children to live healthier lifestyles
- Improving access to health care
- Protecting the public from exposure to toxic and hazardous materials
- Providing the Women, Infants and Children (WIC) supplemental food program
- Providing public health nurse visits to support families and the healthy development of their children
- Providing oral health services
- Providing clinical services (such as reproductive health/family planning, STD testing, refugee screening, and immunizations)
- Keeping the community informed about local health risks, trends, and successes
- Preparing for public health emergencies such as pandemic flu, SARS, bioterrorism, or natural disasters

We would also appreciate any help you can provide in sharing the survey with other community members or directing them to our Web site.

Thank you for your time, we value your feedback.

Washington DOH Chronic Disease Prevention and Control Survey



We wanted to alert providers that the Washington State Department of Health mailed a survey to randomly selected primary care providers towards the end of November.

Information from this survey will assist DOH and our *Steps to a Healthier Clark County* partners to better understand how to improve the health care system to be more responsive to prevention and chronic illness care. The 10-15 minute survey uses the planned care model as a framework for the determinants of quality chronic illness care related to asthma, diabetes, known heart disease, obesity and tobacco cessation.

If you receive a Primary Care Provider Survey in the mail, please complete and return the questionnaire. A shorter 10 minute telephone survey of clinic managers is also planned. A small incentive is provided for participants along with our gratitude

of how your shared knowledge helps us understand and improve chronic care systems delivery. If you have any questions please contact Maria Maribona, Clark County Health Assessment and Evaluation, 397-8495 maria.maribona@clark.wa.gov

Syphilis

The Clark County Health Department is investigating four cases of syphilis in our county reported to us between August and early November. This is a high number of cases in a short period, yet not unprecedented for our area. All four cases are men ranging in age from 27 to 56 years. Three of the cases are men who have sex with men (MSM) and some have female sex partners. Many have partners in the Portland area, and we are meeting with health officials in Oregon to determine the most effective means for encouraging testing and treatment in high risk communities.

Epi-SODE is published bimonthly free of charge by the Clark County Health Department.

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